

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 3 Covingham Square, SWINDON, Wiltshire, SN3 5AA

**Pharmacy reference:** 1038755

**Type of pharmacy:** Community

**Date of inspection:** 25/06/2019

## Pharmacy context

This is a community pharmacy located on a parade of shops in the village of Covingham in Swindon. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and provides drug misuse services.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this to learn from their mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to improve services. It manages and protect people's confidential information and it tells people how their private information will be used. The pharmacy generally maintains all the records that it must keep by law. However, some details were missing from its specials records. This means the pharmacy may not have a complete audit trail or be able to show exactly what has happened if any problems arise.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses are recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. But the 'Safer Care Briefing' process designed to review errors monthly had not been completed for some months due to a lack of pharmacy management and a consistent pharmacist. The pharmacy manager had been in post two weeks and reported that this process was to be implemented in the future so that errors can be reviewed consistently. Examples of near miss error logs were seen from previous months displayed in the dispensary. Due to previous errors, different pack sizes of co-codamol 30mg/500mg tablets had been highlighted on the dispensary shelving.

Staff were required to complete a 'safer care checklist' on a weekly basis to ensure the team have the right environment, people and processes to deliver a safe pharmacy service. Dispensing incidents were recorded electronically. The pharmacy team were required to carry out a Root Cause Analysis following significant dispensing incidents.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. All the SOPs had the roles and responsibilities of each member of staff set out and the dispensary team were all clear on this and explained that they would refer to the pharmacist if they were unsure of something.

There was a complaints procedure in place and the staff were all clear on the processes they should follow if they received a complaint. The team completed an annual Community Pharmacy Patient Questionnaire (CPPQ) survey to gather feedback from patients. The previous results were displayed and were positive.

Professional indemnity insurance from the NPA was in place and was valid and in date until the end of June 2019. Records of controlled drugs (CDs) and patient returned CDs were all seen to be in order. Patient returned and out of date CDs were separated from regular CD stock and labelled appropriately. A sample of Oxynorm 5mg capsules was checked for record accuracy and was seen to be correct. The controlled drug balances were checked weekly.

The responsible pharmacist record was seen as complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and

were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply were retained and were in order. Specials records were retained but some entries omitted the patient's and prescriber's name and address.

Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. The computers were all password protected and the screens were not visible to the public. Confidential waste was collected in confidential waste bags which were removed by the company for destruction. Staff were required to complete online training for information governance (IG).

The pharmacy team had also been trained on safeguarding children and vulnerable adults. On questioning, staff were aware of the signs to look out for that may indicate safeguarding issues. Contact details for local safeguarding advice, referrals and support were not available at the time of the inspection and the pharmacy team agreed to address this. Staff reported that they were acutely aware of people with memory difficulties and had referred concerns in the past.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

At the time of the inspection there was one pharmacist, three dispensing assistants and one medicines counter assistant present in the pharmacy. Staff performance was monitored, reviewed and discussed informally throughout the year and formally at regular reviews using the 'annual contribution dialogue' process.

The staff usually completed monthly training online and had a medicines skills assessment at the end of each training session to assess their knowledge and understanding of products and services. A dispensing assistant demonstrated that she had recently learnt about the changes with regards to valproate dispensing. The pharmacy manager reported that staff get allocated time on a weekly basis to complete any required training.

The pharmacy manager reported that huddles were held on an ad-hoc basis to keep staff up to date on important business issues. The pharmacy had not had a regular pharmacist for some time and so had displayed a pharmacist task list to help locum pharmacists. Safer care briefing meetings had not been held recently but the pharmacy manager reported that there were plans to reimplement this process so that patient safety issues are communicated to staff in a timely manner.

The company had an annual staff survey which was an opportunity for the staff to feedback any opinion they had about their roles and the company anonymously. Staff explained they were than happy to raise any concerns they had immediately with the pharmacist or the area manager. There was a company whistleblowing policy in place and staff were aware of this. The whistleblowing contact numbers were displayed in the staff room.

There were targets in place, such as to achieve 400 MURs a year, but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner.

The consultation room was well soundproofed and patient confidential information was not accessible to the public. The consultation room door surface had broken off over time and this had been reported to the maintenance team. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered. Pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. But some records to demonstrate this are not complete which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

### Inspector's evidence

There was a range of leaflets available to the public about services on offer. Services were also displayed in the window of the pharmacy. There was step free access to the pharmacy. There was adequate seating for patients or customers waiting for services and space for a wheelchair user or a pushchair to navigate. There was a hearing loop available for people with hearing difficulties and large label printing was available for people with sight difficulties. The pharmacy team had completed 48 medicines usage reviews since April and always gained signed consent to do this service.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not immediately available for use during valproate dispensing to all female patients. The pharmacy team reported that they had ordered more cards directly from Sanofi Aventis. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from AAH and Alliance. Specials were ordered from suppliers such as AAH Specials. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. A hazardous waste medicines disposal bin was also available for use. But staff were not fully aware of the medicines that needed to go in the bin and the pharmacy team explained that they would refresh themselves on this.

Medicines and medical devices were stored in within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented. Short dated stock was appropriately marked. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the appropriate hardware but this was broken and this had been reported so that repairs were underway. The software was currently undergoing updates from their head office.

The fridge was in good working order. Fridge items which had been dispensed and were ready to be collected were stored in clear plastic bags to help identification of high risk medicines like insulin. MHRA alerts came to the team electronically through the company's intranet and these were actioned appropriately. But some records were missing and the pharmacy team agreed to address this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for methadone dispensing. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Doo bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.